

# ENROLMENT FORM

Dementia Essentials

CHCAGE005 – Provide support to people living with dementia



Please complete ALL information CLEARLY and ensure that you sign page 4 to ensure that a Certificate can be issued.

State/Territory: NSW Commencement Date: Monday 15 October 2018

Course Location (Suburb OR Service Provider Name): Campsie

## Unique Student Identifier (USI)

From 1 January 2015, all Australians who undertake vocational education and training must hold a USI. If you do not hold a USI, Dementia Australia Limited (RTO Code 2512), by law, cannot issue you a Certificate, Statement of Attainment or Transcript for your training.

### COMPULSORY - Unique Student Identifier

- You MUST create a USI number via the website ([www.usi.gov.au](http://www.usi.gov.au)) OR complete the USI Consent form provided.
- Your USI will be a 10 character number made up of numbers and/or letters

What is your USI number?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Section 1 - Personal Details

#### 1. Enter your full name\*

\* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want Dementia Australia Limited to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

Family Name (Surname)

Given Names

#### 2. Enter your birth date

Day:

Month:

Year:

#### 3. Gender (Tick ONE box only)

Gender

Male

Female

Other

#### 4. Enter your contact details

Telephone Number

Home:

Work:

Mobile Number

Email Address

Alternative Email Address (Optional)

**5. What is the address of your usual residence?**

Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

Building/Property Name			
Flat/unit details	Flat/Unit Number:	Street or lot number (e.g. 205 or Lot 118)	Number:
Street Name			
Suburb, locality or town			
State/territory		Postcode:	

**6. What is your postal address (if different from above)?**

Building/Property Name			
Flat/unit details	Flat/Unit Number:	Street or lot number (e.g. 205 or Lot 118)	Number:
Street name			
Postal delivery information (e.g. PO Box 254)			
Suburb, locality or town			
State/territory		Postcode:	

**7. What type of work do you perform?**

Name of Employer	Name:	Suburb:	
Current Position			
Employment Type	Community <input type="checkbox"/>	Residential <input type="checkbox"/>	Other <input type="checkbox"/>

**Section 2 - Language and Cultural Diversity****8. In which country were you born?**

	Australia <input type="checkbox"/>
	Other – please specify:

**9. Do you speak a language other than English at home?**

	No – English only <input type="checkbox"/>
	Yes, other - please specify:

**10. Are you of Aboriginal or Torres Strait Islander origin?** (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

	No <input type="checkbox"/>
	Yes, Aboriginal <input type="checkbox"/>
	Yes, Torres Strait Islander <input type="checkbox"/>

Section 3 - Disability	
<b>11. Do you consider yourself to have a disability, impairment or long-term condition?</b>	
	<input type="checkbox"/> Yes - Go to question 12
	<input type="checkbox"/> No – Go to question 13
<b>12. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:</b> (You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.	
	<input type="checkbox"/> Hearing / Deaf
	<input type="checkbox"/> Physical
	<input type="checkbox"/> Intellectual
	<input type="checkbox"/> Learning
	<input type="checkbox"/> Mental Illness
	<input type="checkbox"/> Acquired Brain Impairment
	<input type="checkbox"/> Vision
	<input type="checkbox"/> Medical Condition
	<input type="checkbox"/> Other
Do you require special assistance / consideration?	<input type="checkbox"/> No – Go to Section 4
	<input type="checkbox"/> Yes – Go to next question
If YES, is it due to:	<input type="checkbox"/> Ethnicity
	<input type="checkbox"/> Disability
	<input type="checkbox"/> Learning support

Section 4 - Schooling	
<b>13. What is your highest COMPLETED school level?</b> (Tick ONE box only)	
If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the Highest school level completed is Year 9.	
	<input type="checkbox"/> Year 12 or equivalent
	<input type="checkbox"/> Year 11 or equivalent
	<input type="checkbox"/> Year 10 or equivalent
	<input type="checkbox"/> Year 9 or equivalent
	<input type="checkbox"/> Year 8 or lower
	<input type="checkbox"/> Never attended school – (Never completed any primary or secondary education) Go to Section 5
<b>14. Are you still enrolled in secondary or senior secondary education?</b>	
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Section 5 - Previous Qualifications Achieved	
<b>15. Have you SUCCESSFULLY completed any of the following qualifications?</b>	
	<input type="checkbox"/> No – Go to Section 6
	<input type="checkbox"/> Yes – Go to next question
<b>16. If YES, then TICK ANY applicable boxes:</b>	
	<input type="checkbox"/> Bachelor Degree or Higher Degree
	<input type="checkbox"/> Advanced Diploma or Associate Degree
	<input type="checkbox"/> Diploma (or Associate Diploma)
	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)
	<input type="checkbox"/> Certificate III (or Trade Certificate)
	<input type="checkbox"/> Certificate II
	<input type="checkbox"/> Certificate I
	<input type="checkbox"/> Certificates other than the above

Section 6 - Employment Details	
<b>17. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)</b>	
For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).	
	<input type="checkbox"/> Full time employee
	<input type="checkbox"/> Part time employee
	<input type="checkbox"/> Self-employed – not employing others
	<input type="checkbox"/> Self-employed – employing others
	<input type="checkbox"/> Employed – unpaid worker in a family business
	<input type="checkbox"/> Unemployed – seeking full-time work
	<input type="checkbox"/> Unemployed – seeking part-time work
<input type="checkbox"/> Not employed – not seeking employment	

Section 7 - Study Reason	
<b>18. Of the following categories, select the one which BEST describes the main reason you are undertaking this course? (Tick ONE box only)</b>	
	<input type="checkbox"/> To get a job
	<input type="checkbox"/> To develop my existing business
	<input type="checkbox"/> To start my own business
	<input type="checkbox"/> To try for a different career
	<input type="checkbox"/> To get a better job or promotion
	<input type="checkbox"/> It was a requirement of my job
	<input type="checkbox"/> I wanted extra skills for my job
	<input type="checkbox"/> To get into another course of study
	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> Other reasons	

**As an RTO we must comply with standards which ensure that we deliver training and assessment that meets participants' needs.  
The following questions will allow your facilitator to establish any learning needs that you may have.**

Section 9 - Pre-Training Review
<b>Do you have any special needs or concerns you would like to discuss with us before you commence the unit?</b>
<b>Do you have any areas in literacy that you are concerned about?</b>
<input type="checkbox"/> Spelling <input type="checkbox"/> Writing your assignments <input type="checkbox"/> Comprehension <input type="checkbox"/> Speaking <input type="checkbox"/> Reading
<input type="checkbox"/> Other, please specify:
<b>Write the following fractions as percentages, for example, 1/5 = 20 %</b>
1/4 = _____      1/2 = _____      1/10 = _____

**Please read the information below:**

Studies have shown that having a 'brain-healthy' lifestyle can help reduce your risk of developing dementia. This means looking after not only your brain, but also your heart and your body. Research shows that having diabetes, high cholesterol and high blood pressure can damage the brain and affect its function and thinking skills. So, it is important to stay physically active and maintain a healthy diet. Being involved in regular social activities that involve mental and physical activity, such as dancing or team sports, can also improve brain health and lower the risks of dementia.

Please use the space below to summarise at least 4 things a person can do to reduce their risk of developing dementia.

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## **Privacy Notice & Student Declaration**

### **Privacy Notice**

Under the *Data Provision Requirements 2012*, Dementia Australia Limited is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Dementia Australia Limited for statistical, regulatory and research purposes. Dementia Australia Limited may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER’s website at [www.ncver.edu.au](http://www.ncver.edu.au)).

**Student Declaration and Consent**

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

I declare that I completed the Pre-Training Review section of this enrolment form on my own and in the event my USI is incorrect, I authorize Dementia Australia Limited to locate it via [www.usi.gov.au](http://www.usi.gov.au)

**STUDENT SIGNATURE [or electronic acknowledgement]..... [DATE] .....**

**PARENT/GUARDIAN SIGNATURE [or electronic acknowledgment]\* ..... [DATE] .....**

*\*Parental/guardian consent is required for all students under the age of 18.*

- If you DO NOT wish to receive information about other education courses from **Dementia Training Australia** or **Dementia Australia Limited**, please tick this box

**Please return this enrolment form to your facilitator OR the office in your State or Territory**

<p><b>Australian Capital Territory</b></p> <p>Email: Charise.Buckley@dementia.org.au</p> <p>Tel: (02) 6255 0722</p>	<p><b>Queensland</b></p> <p>Email: qld.education@dementia.org.au</p> <p>Tel: 1800 636 679</p> <p>Fax: 07 3895 8266</p>
<p><b>New South Wales</b></p> <p>Email: nsw.education@dementia.org.au</p> <p>Tel: (02) 9805 0100</p>	<p><b>Tasmania</b></p> <p>Email: Andrea.Gellie@dementia.org.au</p> <p>Tel: (03) 6279 1100</p>
<p><b>South Australia</b></p> <p>Email:SA.Training@dementia.org.au</p> <p>Tel: (08) 8372 2100</p>	<p><b>Western Australia</b></p> <p>mail: wa.education@alzheimerswa.org.au</p> <p>Tel: (08) 9388 2800</p>
<p><b>Northern Territory</b></p> <p>Email: Klem.Hedenig@dementia.org.au</p> <p>Tel: (08) 7979 0076</p>	<p><b>Victoria</b></p> <p>Email: AccreditedPrograms@dementia.org.au</p> <p>Tel: (03) 9816 5764</p>